

## ICMJE DISCLOSURE FORM

Date: Sept 12, 2021  
 Your Name: Xiangu Ning  
 Manuscript Title: The prospect of immunotherapy combined with chemotherapy in patients with advanced non-small cell lung cancer: a narrative review  
 Manuscript number (if known): \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
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| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |
| 6  | Payment for expert testimony   | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |
| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |
| 8  | Patents planned, issued or pending   | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |
| 11 | Stock or stock options   | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |
| 13 | Other financial or non-financial interests   | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |

Please summarize the above conflict of interest in the following box:

There are no conflicts of interest to declare.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: Sept 12, 2021

Your Name: Yang Yu

Manuscript Title: The prospect of immunotherapy combined with chemotherapy in patients with advanced non-small cell lung cancer: a narrative review

Manuscript number (if known): \_\_\_\_\_

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| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
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| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |
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| 6  | Payment for expert testimony   | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |
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## ICMJE DISCLOSURE FORM

Date: Sept 12, 2021  
 Your Name: Songjun Shao  
 Manuscript Title: The prospect of immunotherapy combined with chemotherapy in patients with advanced non-small cell lung cancer: a narrative review  
 Manuscript number (if known): \_\_\_\_\_

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| 11 | Stock or stock options   | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |
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## ICMJE DISCLOSURE FORM

Date: Sept 12, 2021

Your Name: Rong Deng

Manuscript Title: The prospect of immunotherapy combined with chemotherapy in patients with advanced non-small cell lung cancer: a narrative review

Manuscript number (if known): \_\_\_\_\_

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| 4   | Consulting fees  | <input type="checkbox"/> None  |   |
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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: Sept 12, 2021

Your Name: Jie Yu

Manuscript Title: The prospect of immunotherapy combined with chemotherapy in patients with advanced non-small cell lung cancer: a narrative review

Manuscript number (if known): \_\_\_\_\_

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| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |
| 8  | Patents planned, issued or pending   | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |
| 13 | Other financial or non-financial interests   | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |

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## ICMJE DISCLOSURE FORM

Date: Sept 12, 2021

Your Name: Xuming Wang

Manuscript Title: The prospect of immunotherapy combined with chemotherapy in patients with advanced non-small cell lung cancer: a narrative review

Manuscript number (if known): \_\_\_\_\_

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| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |
| 8  | Patents planned, issued or pending   | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |
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| 11 | Stock or stock options   | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |
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## ICMJE DISCLOSURE FORM

Date: Sept 12, 2021

Your Name: Xueke She

Manuscript Title: The prospect of immunotherapy combined with chemotherapy in patients with advanced non-small cell lung cancer: a narrative review

Manuscript number (if known): \_\_\_\_\_

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| 6  | Payment for expert testimony   | <input type="checkbox"/> <u>v</u> <input type="checkbox"/> None |          |
| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> <u>v</u> <input type="checkbox"/> None |          |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input type="checkbox"/> <u>v</u> <input type="checkbox"/> None |          |
| 13 | Other financial or non-financial interests   | The Medical Department, 3D Medicines Inc.                       | employee |

Please summarize the above conflict of interest in the following box:

Xueke She is the employee of The Medical Department, 3D Medicines Inc.

Please place an "X" next to the following statement to indicate your agreement:

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## ICMJE DISCLOSURE FORM

Date: Sept 12, 2021

Your Name: Depei Huang

Manuscript Title: The prospect of immunotherapy combined with chemotherapy in patients with advanced non-small cell lung cancer: a narrative review

Manuscript number (if known): \_\_\_\_\_

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| 7  | Support for attending meetings and/or travel  | <input type="checkbox"/> <input checked="" type="checkbox"/> None |          |
| 8  | Patents planned, issued or pending  | <input type="checkbox"/> <input checked="" type="checkbox"/> None |          |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                 | <input checked="" type="checkbox"/> <input type="checkbox"/> None |          |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> <input type="checkbox"/> None |          |
| 11 | Stock or stock options  | <input type="checkbox"/> <input checked="" type="checkbox"/> None |          |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                  | <input type="checkbox"/> <input checked="" type="checkbox"/> None |          |
| 13 | Other financial or non-financial interests  | The Medical Department, 3D Medicines Inc.                         | Employee |

Please summarize the above conflict of interest in the following box:

Depei Huang is the employee of The Medical Department, 3D Medicines Inc.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: Sept 12, 2021

Your Name: Xudong Shen

Manuscript Title: The prospect of immunotherapy combined with chemotherapy in patients with advanced non-small cell lung cancer: a narrative review

Manuscript number (if known): \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> None  |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <input type="checkbox"/> None  |   |
|   |  |  |   |
| 4   | Consulting fees  | <input type="checkbox"/> None  |   |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |   |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |   |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |   |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |   |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |   |
| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None |   |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None |   |
| 13 | Other financial or non-financial interests   | Xudong Shen                              | The Medical Department, 3D Medicines Inc. |

Please summarize the above conflict of interest in the following box:

**Xudong Shen is the employee of The Medical Department, 3D Medicines Inc.**

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: Sept 12, 2021

Your Name: Weiming Duan

Manuscript Title: The prospect of immunotherapy combined with chemotherapy in patients with advanced non-small cell lung cancer: a narrative review

Manuscript number (if known): \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

The author's relationships/activities/interests should be **defined broadly**. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> None  |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <input type="checkbox"/> None  |   |
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| 4   | Consulting fees  | <input type="checkbox"/> None  |   |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None  |          |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None  |          |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None  |          |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None  |          |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None  |          |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None  |          |
| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None  |          |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None  |          |
| 13 | Other financial or non-financial interests   | The Medical Department, 3D Medicines Inc. | employee |

Please summarize the above conflict of interest in the following box:

**Weiming Duan is the employee of The Medical Department, 3D Medicines Inc.**

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: Sept 12, 2021

Your Name: Jin Duan

Manuscript Title: The prospect of immunotherapy combined with chemotherapy in patients with advanced non-small cell lung cancer: a narrative review

Manuscript number (if known): \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> None  |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <input type="checkbox"/> None  |   |
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| 4   | Consulting fees  | <input type="checkbox"/> None  |   |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |
| 6  | Payment for expert testimony   | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |
| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |
| 8  | Patents planned, issued or pending   | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |
| 11 | Stock or stock options   | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |
| 13 | Other financial or non-financial interests   | <input type="checkbox"/> <input checked="" type="checkbox"/> None |  |

Please summarize the above conflict of interest in the following box:

There are no conflicts of interest to declare.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: Sept 12, 2021

Your Name: Hushan Zhang

Manuscript Title: The prospect of immunotherapy combined with chemotherapy in patients with advanced non-small cell lung cancer: a narrative review

Manuscript number (if known): \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | _ <input checked="" type="checkbox"/> _ None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | _ <input checked="" type="checkbox"/> _ None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | _ <input checked="" type="checkbox"/> _ None   |   |
|   |  |  |   |
| 4   | Consulting fees  | _ <input checked="" type="checkbox"/> _ None   |   |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <u>v</u> <input type="checkbox"/> None |          |
| 6  | Payment for expert testimony   | <input type="checkbox"/> <u>v</u> <input type="checkbox"/> None |          |
| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> <u>v</u> <input type="checkbox"/> None |          |
| 8  | Patents planned, issued or pending   | <input type="checkbox"/> <u>v</u> <input type="checkbox"/> None |          |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> <u>v</u> <input type="checkbox"/> None |          |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> <u>v</u> <input type="checkbox"/> None |          |
| 11 | Stock or stock options   | <input type="checkbox"/> <u>v</u> <input type="checkbox"/> None |          |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input type="checkbox"/> <u>v</u> <input type="checkbox"/> None |          |
| 13 | Other financial or non-financial interests   | is the employee of The Medical Department, 3D Medicines Inc.    | employee |

**Please summarize the above conflict of interest in the following box:**

**Hushan Zhang is the employee of The Medical Department, 3D Medicines Inc.**

**Please place an "X" next to the following statement to indicate your agreement:**

**X I certify that I have answered every question and have not altered the wording of any of the questions on this form.**